PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CARRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

VOLENTINE FRANCOS, PLLC



Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.

J PW

Certificate of Mailing or Transmission

SUITE 150 12200 SUNRISE V RESTON, VA 2019	ALLEY DRIVE	AUG 0 4	2004	I hereby certify that to States Postal Service addressed to the Ma transmitted to the US	this Fee(s) Transmittal is being with sufficient postage for first will Stop ISSUE FEE address PTO, on the date indicated below	g deposited with the Un st class mail in an envel above, or being facsim		
	-	TO some	ARK OFF			(Depositor's na		
		MADEN	IA:			. (Signat		
						Ф		
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/638,424	08/12/2003	John MacNe		eil	WLJ.068D	5089		
TITLE OF INVENTION:	DIELECTRIC LAY PRODUCING THE		EMICONDU	CTOR DEVICE AND	METHOD OF			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO ·	\$1330		\$300	\$1630			
EXAMINER		ART UNIT		CLASS-SUBCLASS	7			
<u> </u>					······································			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). **EXChange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. **D "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 VOLENTINE FRANCOS, PLI 2 agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name					
PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNI	RESIDENCE DATA TO Be an assignee is identified beld to the USPTO or is being sEE LDINGS LIMITED	low, no assignee de submitted under se	ata will appear parate cover. Co) RESIDENCE		•	ate when an assignment ignment.		
Please check the appropriate a. The following fee(s) are	assignee category or catego		inted on the pate. Payment of F		(corporation or other private g	roup entity O governm		

Please check the appropriate assignee category	or categories (will	not be printed on the patent);	O individual	Corporation or other private group entity	O governm		
a. The following fee(s) are enclosed:		4b. Payment of Fee(s):					
☐ Issue Fee	A check in the amount of the fee(s) is enclosed.						
A Publication Fee		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-0238 (enclose an extra copy of this form).					
Advance Order - # of Copies	5						

8-4-04

(Date)

NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.
Tinden the Developed Delivity Av. C. 1006

33289

(Authorized Signature) Adam/C. Volentine

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

00000002 10638424 08/05/2004 HLE444 1330.00 OP 01 FC:1501 02 FC:1504 300.00 OP 15.00 OP 03 FC:8001

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37.C.R. 1.311)					Docket No. WLJ.068D	
Applicant(s): John	MacNeilAUG 0 4 2004	60 July				
Application No.	FINE DATEMAN	Examiner	Examiner Customer No. Group Art Unit Co		Confirmation No	
10/638,424	08/12/2003	Ghyka, Alexander G	er G 20987 2812		5089	
Invention: DIEL SAME	ECTRIC LAYER FO	R A SEMICONDUCTOR DE	VICE AND MET	THOD OF PROD	UCING THE	
		Mail Stop Issue Fe COMMISSIONER FOR PA P.O. Box 1450 Alexandria, VA 22313-	<u>TENTS</u> 1450			
	•	or the above-identified applica	tion.			
	Insmittal Form PTOL					
☑ Utility Fee:	\$ 1330.00	J Design Fee:		Plant Fee:		
☐ ☑ Publication Fe	ee: \$300.00					
□ A check in the	e amount of \$1,6	is attached.				
	is hereby authorized	to charge and credit Deposit	Account No.	50-0238	8	
as described	below.					
☐ Cha	arge the amount of					
⊠ Cre	edit any overpayment					
⊠ Cha	arge any additional fe	e required.				
		Dated	: AUGUST 4,	2004		
ADAM C. VOLE	Signature ENTINE		•			
REG. NO. 33289			•			
VOLENTINE FI ONE FREEDOM 11951 FREEDOM RESTON VA 201	I SQUARE M DRIVE, SUITE 120	50				
TEL. NO. (703) 7	15-0870					
cc:						
	icate of Transmission by ertificate may only be us by deposit account.	ed if paying	Certificate of M	lailing by First Cla	ss Mail	
	document and authorizate general faction factorization fac	to the United States mail u	with nder 37 C.F.R. 1.8 a	ument and fee is the U.S. Postal Ser and is addressed to lexandria, VA 22313	rvice as first class the Commissioner	
Date						
	Signature		Signature of Per	son Mailing Correspo	ndence	
Typed or Prin	ted Name of Person Signin	g Certificate T	Typed or Printed Name of Person Mailing Correspondence			